

R1 R2 R3 PG0 PG1 Estagiário Tecnólogo
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Ocular disorders relationed to final diagnostic hypothesis in a Secondary Center of Reference in Ophthalmology (CERESO-UNIFESP/EPM). Authors: Viana, R. G.; Silva, S. A.G. R.; Scarpi, M. J. Purpose: To relate the frequency of the ocular disorders and final diagnostic hypothesis found in a Secondary Center of Reference in Ophthalmology. Population and methods: Daily, the users are interrogated by a resident of the third year of the Department of Ophthalmology of the UNIFESP-EPM. The resident carried ectoscope with the aid of a torch, to make a diagnostic hypothesis that decide if the user would be conducted to a tertiary care level assisted or examined in the same day for the team of the CERESO's professionals. This first contact was attended by a technologist in ophthalmology that assists in the register of data and reference to another case level. The first 40 selected patients receive a call number according with the order that they were arriving. Evaluation of the extrinsical ocular motility, among others primary exams. The secretary, the technologist in ophthalmology and the doctor did the register the data in the computer in Personal Med Program. The doctor checked these data and he did the final diagnosis and the best treatment. From August of 2000 to January of 2001, 2791 patients had been registered in the Personal Med Program. Results: Of the studied patients, the frequencies of the ocular disorders most significant had been 34% of refractive errors being the largest diagnostic hypothesis, 25% of refractive errors, 15,40% no alterations and 8,8% eyelid infection. 18,48% of presbiopia besides others refractive errors, with largest diagnostic hypotesis 36,9% of presbiopia joinly refractive errors. 10,8% low visual acuity, with largest diagnostic hypothesis found 28,56% of cataract, 14,28% retinal disorders, 14,28% of refractive errors. Of the 9,35% of people that didn't show information to the doctor to determine the ocular disorder, the largest diagnostic hypothesis found was refractive errors. Conclusion: The final diagnostic hypothesis found showed coherence with the complaint and the ectoscope done by the resident doctor in the first contact with the patient.